



National Aeronautics and
Space Administration
John C. Stennis Space Center
Stennis Space Center, MS 39529-6000

PERSONAL PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

Location _____ Date _____

Job Task Evaluated _____

Employees Involved _____

I certify that this hazard assessment was completed in compliance with 29CFR 1910.132-138 (subpart I)

Signature _____ Date _____

Per Requirements as Evaluated:

Source (check all that apply)	Assessment of Hazard	Protection	Recommendations
IMPACT <input type="checkbox"/> Grinding, machining, buffing <input type="checkbox"/> Sawing, drilling, and other wood work <input type="checkbox"/> Masonry <input type="checkbox"/> Power Tool Use <input type="checkbox"/> Hammering or striking objects <input type="checkbox"/> Work producing flying particles <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Flying fragments, objects, large chips, particles, dirt, etc. <input type="checkbox"/> Hand hazards, cuts, and scrapes <input type="checkbox"/> Potential drop hazards (Heavy) <input type="checkbox"/> Hearing hazard <input type="checkbox"/> >85 dBa <input type="checkbox"/> Measured dBa: _____ <input type="checkbox"/> Impact noise <input type="checkbox"/> Other _____	<input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety glasses with side shields <input type="checkbox"/> Goggles <input type="checkbox"/> Face shields <input type="checkbox"/> Gloves Type: _____ <input type="checkbox"/> Shoe required Type: _____ <input type="checkbox"/> Ear plugs <input type="checkbox"/> Ear muffs <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	
PENETRATION <input type="checkbox"/> Exposure to sharp objects <input type="checkbox"/> Exposure to pointed objects <input type="checkbox"/> Trash Pickup <input type="checkbox"/> Exposure to rough edges <input type="checkbox"/> Material Handling <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Hand/Arms hazard/cuts and abrasions <input type="checkbox"/> Foot hazards - punctures, abrasions <input type="checkbox"/> Legs, Feet - punctures, abrasions <input type="checkbox"/> Other _____	<input type="checkbox"/> Gloves Type: _____ <input type="checkbox"/> Protective footwear with puncture-resistant soles <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	
COMPRESSION <input type="checkbox"/> Falling/rolling objects <input type="checkbox"/> Material Handling hazards <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Falling objects <input type="checkbox"/> Caught between potential <input type="checkbox"/> Moving objects/equipment in area <input type="checkbox"/> Rolling carts, cabinets, heavy equipment <input type="checkbox"/> Other _____	<input type="checkbox"/> Protective footwear <input type="checkbox"/> Impact-resistant <input type="checkbox"/> Compression-resistant <input type="checkbox"/> Hard hat TYPE I, Class E & G <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	
TEMPERATURE <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Not Applicable	<input type="checkbox"/> High temperature exposure/heat stress <input type="checkbox"/> Hot sparks <input type="checkbox"/> Hot surfaces <input type="checkbox"/> Splashes from hot materials <input type="checkbox"/> Frostbite/hypothermia <input type="checkbox"/> Other _____	<input type="checkbox"/> Gloves Type: _____ <input type="checkbox"/> Apron <input type="checkbox"/> Thermal-insulated work wear, including gloves and boots <input type="checkbox"/> Eye/Face Protection Type: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	

Source (check all that apply)	Assessment of Hazard	Protection	Recommendations
CHEMICALS <input type="checkbox"/> Acids/corrosives <input type="checkbox"/> Cryogenics <input type="checkbox"/> Flammables (IPA 99%) <input type="checkbox"/> Solvents <input type="checkbox"/> Oxidizer <input type="checkbox"/> Irritant chemicals <input type="checkbox"/> Lead-heavy metal <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Skin irritant <input type="checkbox"/> Inhalation hazard <input type="checkbox"/> Dust <input type="checkbox"/> Smoke <input type="checkbox"/> Mist <input type="checkbox"/> Vapor <input type="checkbox"/> Absorption hazard <input type="checkbox"/> Ingestion hazard <input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Splash potential <input type="checkbox"/> Carcinogen, mutagen, or teratogen <input type="checkbox"/> Other _____ <i>(Use of respiratory protection devices requires physical exams and training)</i> List actions taken for IH Monitoring: _____ _____ _____ _____ _____	<input type="checkbox"/> Safety glasses or <input type="checkbox"/> Goggles <input type="checkbox"/> Goggles and face shields <input type="checkbox"/> Gloves <input type="checkbox"/> Arm guards <input type="checkbox"/> Nat. rubber <input type="checkbox"/> Butyl <input type="checkbox"/> Neoprene <input type="checkbox"/> PVA <input type="checkbox"/> Nitrile <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ <input type="checkbox"/> Foot protection <input type="checkbox"/> Rubber boots <input type="checkbox"/> Chemical-resistant <input type="checkbox"/> Tyvek over boot <input type="checkbox"/> Sturdy shoes <input type="checkbox"/> Apron, coat, smock <input type="checkbox"/> Coveralls <input type="checkbox"/> FR Type: _____ <input type="checkbox"/> Level A HAZMAT suit <input type="checkbox"/> Level B HAZMAT suit <input type="checkbox"/> 1/2-mask respirator cartridge <input type="checkbox"/> Airline respirator <input type="checkbox"/> SCBA <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	
DUST <input type="checkbox"/> Woodworking <input type="checkbox"/> Buffing, polishing <input type="checkbox"/> General dusty conditions <input type="checkbox"/> Mold/Mildew exposure <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Eye irritant/nuisance dust <input type="checkbox"/> Skin irritant/nuisance dust <input type="checkbox"/> Inhalation hazard <input type="checkbox"/> Other _____	<input type="checkbox"/> Safety glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves Type: _____ <input type="checkbox"/> Aprons <input type="checkbox"/> Lab Coat <input type="checkbox"/> Protective Coveralls Type: _____ <input type="checkbox"/> Dust mask <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	
ELECTRICAL, LIGHT, AND RADIATION <input type="checkbox"/> Electrical <input type="checkbox"/> Gas welding <input type="checkbox"/> Electrical arc welding <input type="checkbox"/> Cutting, brazing, torch, and soldering <input type="checkbox"/> Laser <input type="checkbox"/> X-ray <input type="checkbox"/> Glare <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Shock hazard <input type="checkbox"/> Live circuits > 50 Volts <input type="checkbox"/> High voltage > 600 Volts <input type="checkbox"/> Optical radiation/eye hazard <input type="checkbox"/> Poor visibility <input type="checkbox"/> Reproduction/cancer hazards <input type="checkbox"/> UV Radiation potential <input type="checkbox"/> Other _____	<input type="checkbox"/> Rubber insulation <input type="checkbox"/> Gloves <input type="checkbox"/> Sleeves <input type="checkbox"/> Matting <input type="checkbox"/> Hood <input type="checkbox"/> Blankets <input type="checkbox"/> Hard hats (Class A) <input type="checkbox"/> Safety glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Special-purpose goggles <input type="checkbox"/> Face shields <input type="checkbox"/> Reflective face shields <input type="checkbox"/> Welding goggles/face shield <input type="checkbox"/> Spectacles with special lenses <input type="checkbox"/> Lens Type: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Not required	
SSC Representative _____ Date _____			